



Commonwealth of Massachusetts
Department of Fire Services - Board of Fire Prevention

APPLICATION and PERMIT

Fee: 0

for storage tank removal and transportation to approved tank disposal yard in accordance with the provisions of M.G.L. Chapter 148, Section 38A, 527 CMR 9.00, application is hereby made by:

Tank Owner

Tank Owner Name (please print) TOWN OF NAHANT x _____
Signature (if applying for permit)

Address 2 GODDARD DRIVE NAHANT MA 01908
Street City State Zip

Removal Contractor

Company Name NAHANT DPW
Print

Address 334 NAHANT RD
Print

Signature (if applying for permit) _____

IFCI* Certified Other _____

Contamination Assessment

Co. or Individual _____
Print

Address _____
Print

Signature (if applying for permit) _____

IFCI* Certified LSP # _____ Other _____

Tank Information

Tank Location 2 GODDARD DRIVE NAHANT MA
Street Address City

Tank Capacity (gallons) 1 275 GAL STEEL Substance Last Stored #2 FUEL OIL

Tank Dimensions (diameter, x length) 3 X 5 (FUEL REMOVED PUMPED TO NEW TANK)

Remarks: BY HEATING CO) (1) 275 GAL UNDER GROUND TANK REMOVED CUT + CLEANED

Disposal Information

Firm transporting waste _____ State Lic. # _____

Hazardous waste manifest# NO WASTE E.P.A. # _____

Approved tank disposal yard TURNER Tank yard # 002

Type of inert gas _____ Tank yard address COMMERCIAL ST LYNN

Approvals

City or Town NAHANT FDID# 01916 Permit# 10382

Date of issue 5/23/07 Date of expiration 5/25/07

Dig safe approval number: _____
Dig Safe Toll Free Tel. Number - 800-322-4844

Signature / Title of Officer granting permit [Signature] CHIEF

After removal(s) ("Consumptive Use" fuel oil tanks exempted) send Form FP-290R signed by Local Fire Department to Office of the State Fire Marshal, UST Regulatory Compliance Unit, P.O. Box 1025, Stow, MA 01775.

*International Fire Code Institute



Commonwealth of Massachusetts
Department of Fire Services - Office of the State Fire Marshal

APPLICATION and PERMIT

Fee: _____

for storage tank removal and transportation to approved tank disposal yard in accordance with the provisions of M.G.L. Chapter 148, Section 38A, 527 CMR 9.00, application is hereby made by:

Tank Owner

Tank Owner Name (please print) Town of Nahant x Valerie G. Kelly
Address 4 Goddard Dr. Nahant MA
Street City State Zip

Removal Contractor

Company Name Removal Specialists
Address PO Box 8069 Lynn MA
Signature (if applying for permit) Valerie G. Kelly
 IFCI* Certified Other _____

Contamination Assessment

Co. or Individual _____
Address _____
Signature (if applying for permit) _____
 IFCI* Certified LSP # _____ Other _____

Tank Information

Tank Location 4 Goddard Dr Nahant MA
Tank Capacity (gallons) 275 Substance Last Stored #2
Tank Dimensions (diameter x length) _____
Remarks: Remove one 275 gallon above ground oil tank.

Disposal Information

Firm transporting waste Removal Specialists State Lic. # MAR 000012138
Hazardous waste manifest# 000997012 FLE E.P.A. # MAR 000012138
Approved tank disposal yard TURNER TRUCK & SALVAGE Tank yard # 002
Type of inert gas _____ Tank yard address COMMERCIAL ST LYNN

Approvals

City or Town Nahant Fire Dept FDID# _____ Permit# 268911
Date of issue 6/3/09 Date of expiration 6/3/09
Dig safe approval number: _____
Signature / Title of Officer granting permit K. Howard

Dig Safe Toll Free Tel. Number - 800-322-4844

After removal(s) ("Consumptive Use" fuel oil tanks exempted) send Form FP-290R signed by Local Fire Dept. to UST Regulatory Compliance Unit, Department of Fire Services, P.O. Box 1025, State Road, Stow, MA 01775.

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